

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Promising Practices in Disaster Behavioral Health Planning (DBH): Assessing Services and Information

August 4, 2011

Presented by Anthony Speier

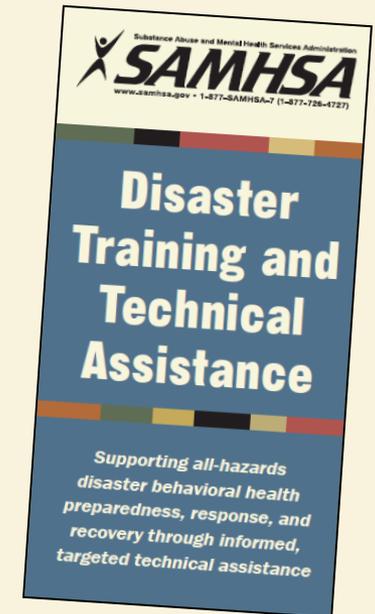


Welcome

- This is the fifth webinar in the series of nine webinars presented by SAMHSA.
- The program is intended for State and Territory DBH Coordinators and others involved with disaster planning, response, and recovery.
- Today's program is about 60 minutes in length.

About SAMHSA DTAC

Established by SAMHSA, DTAC supports SAMHSA's efforts to prepare States, Territories, and Tribes to deliver an effective behavioral health (mental health and substance abuse) response to disasters.

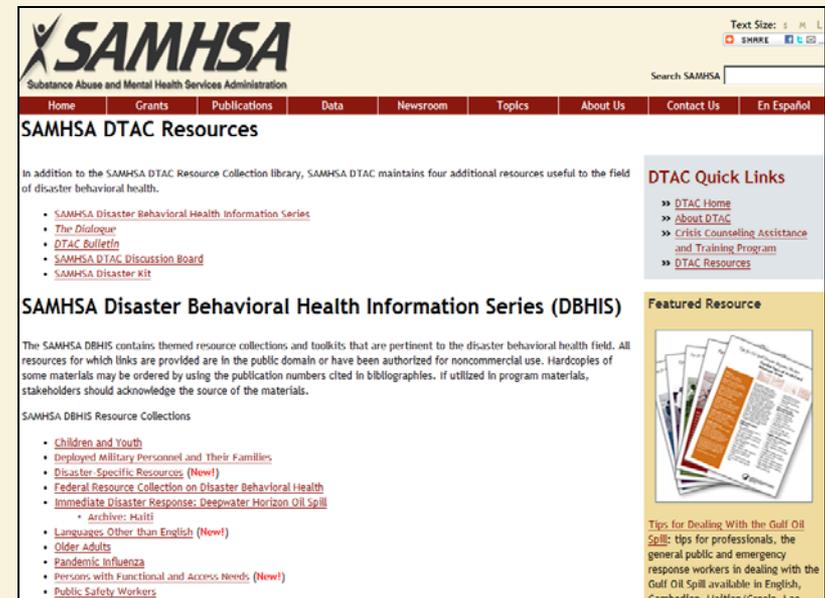


SAMHSA DTAC Services Include...

- ***Consultation and trainings*** on DBH topics including disaster preparedness and response, acute interventions, promising practices, and special populations
- ***Dedicated training and technical assistance*** for DBH response grants such as the Federal Emergency Management Agency Crisis Counseling Assistance and Training Program (CCP)
- ***Identification and promotion of promising practices*** in disaster preparedness and planning, as well as integration of DBH into the emergency management and public health fields

SAMHSA DTAC Resources Include...

- The Disaster Behavioral Health Information Series, or DBHIS, which contains themed resources and toolkits on these topics:
 - DBH preparedness and response
 - Specific disasters
 - Specific populations



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SAMHSA DTAC Resources

In addition to the SAMHSA DTAC Resource Collection library, SAMHSA DTAC maintains four additional resources useful to the field of disaster behavioral health.

- [SAMHSA Disaster Behavioral Health Information Series](#)
- [The Dialogue](#)
- [DTAC Bulletin](#)
- [SAMHSA DTAC Discussion Board](#)
- [SAMHSA Disaster Kit](#)

SAMHSA Disaster Behavioral Health Information Series (DBHIS)

The SAMHSA DBHIS contains themed resource collections and toolkits that are pertinent to the disaster behavioral health field. All resources for which links are provided are in the public domain or have been authorized for noncommercial use. Hardcopies of some materials may be ordered by using the publication numbers cited in bibliographies. If utilized in program materials, stakeholders should acknowledge the source of the materials.

SAMHSA DBHIS Resource Collections

- [Children and Youth](#)
- [Deployed Military Personnel and Their Families](#)
- [Disaster-Specific Resources \(New!\)](#)
- [Federal Resource Collection on Disaster Behavioral Health](#)
- [Immediate Disaster Response: Deepwater Horizon Oil Spill](#)
 - [Archives: Multi](#)
- [Languages Other Than English \(New!\)](#)
- [Older Adults](#)
- [Pandemic Influenza](#)
- [Persons with Functional and Access Needs \(New!\)](#)
- [Public Safety Workers](#)

DTAC Quick Links

- » [DTAC Home](#)
- » [About DTAC](#)
- » [Crisis Counseling Assistance and Training Program](#)
- » [DTAC Resources](#)

Featured Resource



Tips for Dealing With the Gulf Oil Spill: tips for professionals, the general public and emergency response workers in dealing with the Gulf Oil Spill available in English, French, Italian, Spanish

SAMHSA DTAC E-Communications

- SAMHSA *DTAC Bulletin*, a monthly newsletter of resources and events. To subscribe, email DTAC@samhsa.hhs.gov.
- *The Dialogue*, a quarterly journal of articles written by DBH professionals in the field. To subscribe, visit <http://www.samhsa.gov>, enter your email address in the “Mailing List” box on the right, and select the box for “SAMHSA’s Disaster Technical Assistance newsletter, The Dialogue.”
- SAMHSA DTAC Discussion Board, a place to post resources and ask questions of the field. To subscribe, register at <http://dtac-discussion.samhsa.gov/register.aspx>.

Contact SAMHSA DTAC

For training and technical assistance inquiries, please access the following resources:

- Toll-free phone: 1-800-308-3515
- Email: DTAC@samhsa.hhs.gov
- Website: <http://www.samhsa.gov/dtac>

Dr. Amy Mack, Project Director
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Speaker

Anthony Speier, Ph.D.

Interim Assistant Secretary

Louisiana Office of Behavioral Health (OBH)

Learning Objectives

- To identify methods for assessing capacity for providing behavioral health services, data to determine when behavioral health needs are overwhelmed, and mechanisms to ramp up services as needed
- To identify critical resources and services needed before, during, and after a disaster
- To describe the method for conducting a needs assessment regarding special populations
- To discuss methods and strategies to coordinate care for various behavioral health responders, teams, and personnel

STANDARD 5: Plan Demonstrates Range and Clarity of Services

Indicators:

- Implementation strategy for DBH treatment services and crisis counseling services
- Methods for assessing capacity for providing behavioral health services
- Methods for effective communication regarding the dissemination of information to the public
- Description of continuum of DBH care
- Process for assessing availability of resources (i.e., equipment and personnel)

STANDARD 5: Plan Demonstrates Range and Clarity of Services (continued)

- Process for conducting needs assessment regarding special populations
- Description of the full scope of services to be provided to affected populations
- A list of referral networks
- Points of data for knowing when behavioral health needs are overwhelmed
- A written plan for addressing needs when the State's capacity is overwhelmed

STANDARD 5: Plan Demonstrates Range and Clarity of Services (continued)

- Mechanisms to ramp up services, as needed
- Description of acute elements of response (shelters and staffing needs)
- Description of coordination between mental health and substance abuse services
- Plan to address responder care (i.e., behavioral health needs, stress management, shorter shifts)
- Description of deployment strategies and role for behavioral health teams/personnel

Integrating a Formal Needs Assessment Methodology into DBH Planning

Points to Remember (Speier, 2006)

- Needs assessment involves the acquisition of multiple levels of information regarding the demographics and socioeconomic and environmental factors which interact with the geographic location of the incident.
- Needs assessment is ongoing prior to and through incident recovery, continually redefining stakeholder groups most relevant to the phase of the disaster response and recovery.

Integrating a Formal Needs Assessment Methodology into DBH Planning (continued)

- Pre-incident planning informs the actual incident DBH program design—and program design is what ultimately leads to both the short-term and long-term intervention services.
- Successful response strategies involve the analysis of (1) present/future needs of individuals, (2) instrumental supports available in relationship to the degree of recovery activity that is necessary, and (3) continuing reassessment of factors on which response strategies are based.

Integrating a Formal Needs Assessment Methodology into DBH Planning (continued)

- Assessment of available community resources, not just assessment of loss indicators.
- Assessment of additional categories of impact associated with terrorist incidents such as indicators of evacuation due to imminent danger and indicators associated with the number of persons involved in rescue/recovery activities. Area risk assessments would be a good starting place for planning these elements.
- Assessment of special circumstances associated with the disaster incident should also include questions specific to the degree of human causation, indirect impact on the community, and the extent of ongoing threat and uncertainty.

DBH Needs Assessment Rational

*The focus of Federal Crisis Counseling Programs authorized under the Stafford Act is to determine **who is** at risk and **what is** the identified strategy for assisting **communities and individuals** in moving through a process of response and recovery.*

Needs Assessment and Recovery Trajectory

- Capacity of existing infrastructure
- Ability to deliver disaster mental health services and sustain pre-incident service levels
- Matching of recovery issues with resource needs
- Continuity of operations
- Sustainability of new services

Assumptions for the Scope of DBH Recovery Needs

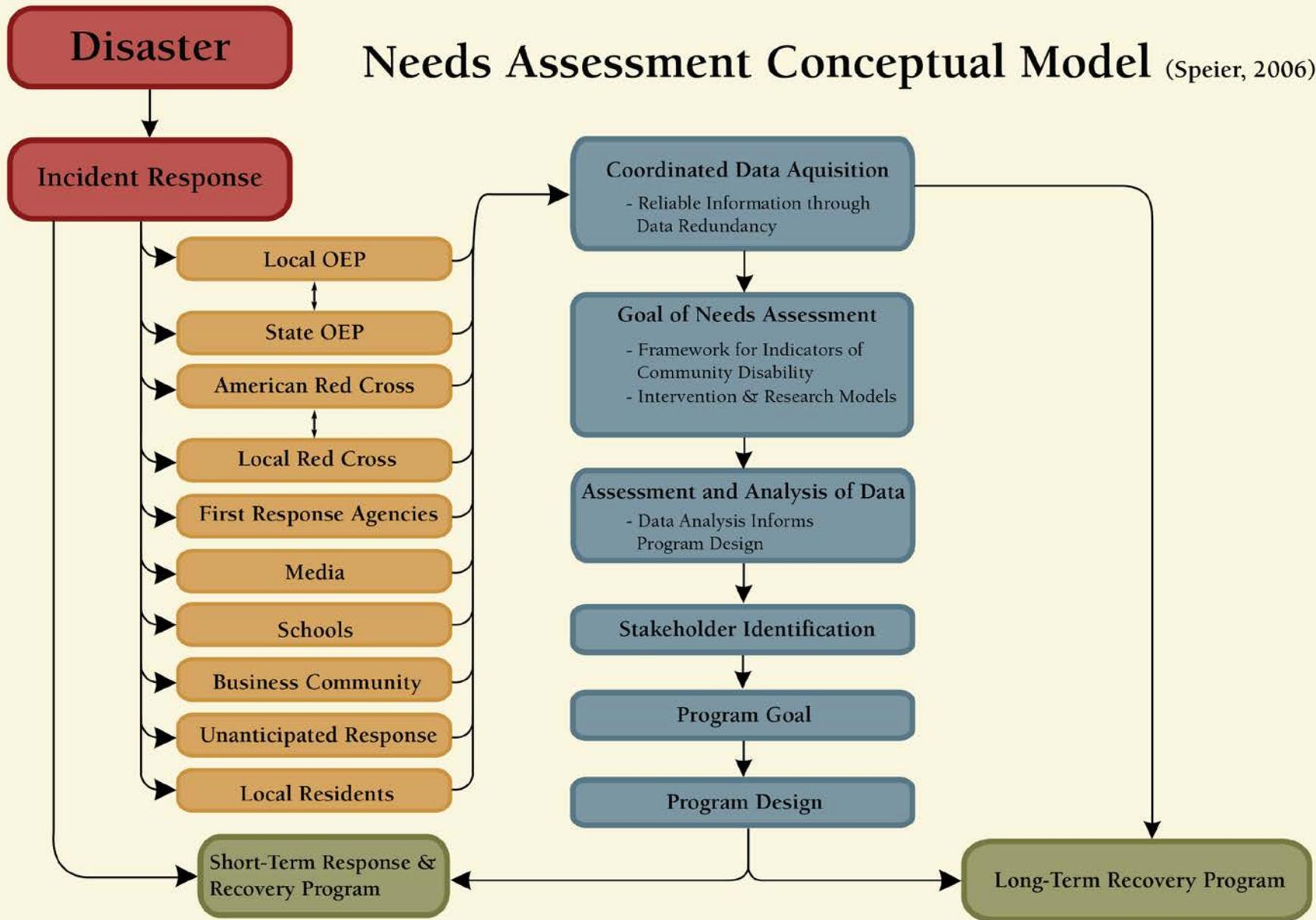
- Mental health needs of the stricken population vary according to the severity and scope of the disaster.
- Individual disaster victims are at greater or lesser risk according to their own severity of exposure, and some stressors create more problems than others.
- Exposure of an individual affects his or her whole household.
- A calculation based solely on the numbers of direct victims cannot capture the full impact of the disaster.
- Certain subpopulations are more at risk for mental health problems than are others, and if such groups are present in significant numbers in the stricken community, the plan should be designed to address this situation.

Structural Elements in a Response Strategy

Essential components in a response strategy are as follows:

- Behavioral health professional staff trained in community-based service delivery
- Access to disaster mental health experts on grief, loss, and trauma disorders; dissociative disorders; incident stress; child and adult lifespan developmental disorders; and cultural competency
- Core social and community action groups
- Volunteer agency support
- Politically active indigenous groups
- Target goals for project activities (specific number of DBH teams needed...)

Needs Assessment Conceptual Model (Speier, 2006)

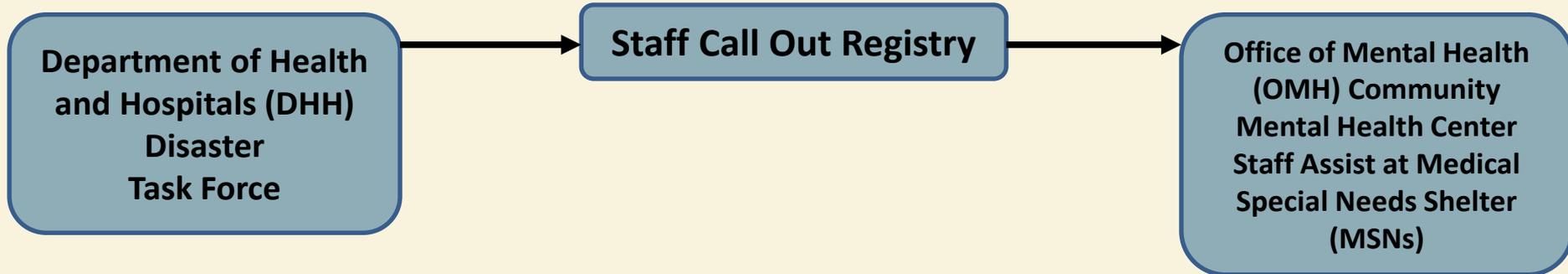




Louisiana Disaster Preparedness 2005 through 2011

A Case Example in DBH Capacity Building

Pre-Katrina Disaster Preparedness



4,000 DHH Employees Trained in 2004

- MSNs
- Disaster Mental Health Training
- Hospital Evacuation Readiness

350 OMH and Office for Addictive Disorders (OAD) Employees Trained in May 2005

- All-Hazards Response Planning
- Crisis Counseling Intervention With Special Populations
- Disaster Mental Health Intervention in Incidents Involving Mass Casualties

Pre-Katrina Disaster Preparedness July–August 2005

Disaster Response Drills Including Practice Evacuations of OMH Hospitals

Disaster Response Plans For:

- Each OMH Hospital and Region
- Hurricane Pam Exercise Week of Katrina
- Planning for MSNs, Search and Rescue Base of Operations (SARBO), and Temporary Medical Operations Staging Area (TMOSA)

Pre-Incident Activities: Hurricane Katrina August 25–28, 2005

Office of Emergency Preparedness (OEP) Command Center DHH Operations

Evacuation of:

- Southeast Louisiana State Hospital
- New Orleans Adolescent Hospital

Evacuation to:

- Eastern Louisiana Mental Health System

Open MSNs Operations

- New Orleans
- Baton Rouge
- Terrebonne Parish
- Lafayette
- Lake Charles
- Alexandria
- Monroe

Initial Locations of OMH Incident Response

**OEP Command
Center**

**Office of Public Health
(OPH)
Command Center**

**SARBO
New Orleans**

TMOSA Sites
New Orleans
Baton Rouge

Emergency Response Sites

- OPH Command Center
- TMOSA
- SARBO
- New Orleans Police Department Sites
- OEP—Tent Cities/Police Units
- Baton Rouge Sites

Medical Special Needs Shelters

- New Orleans
- Baton Rouge
- Houma/Terrebonne
- Lafayette
- Lake Charles
- Alexandria
- Monroe

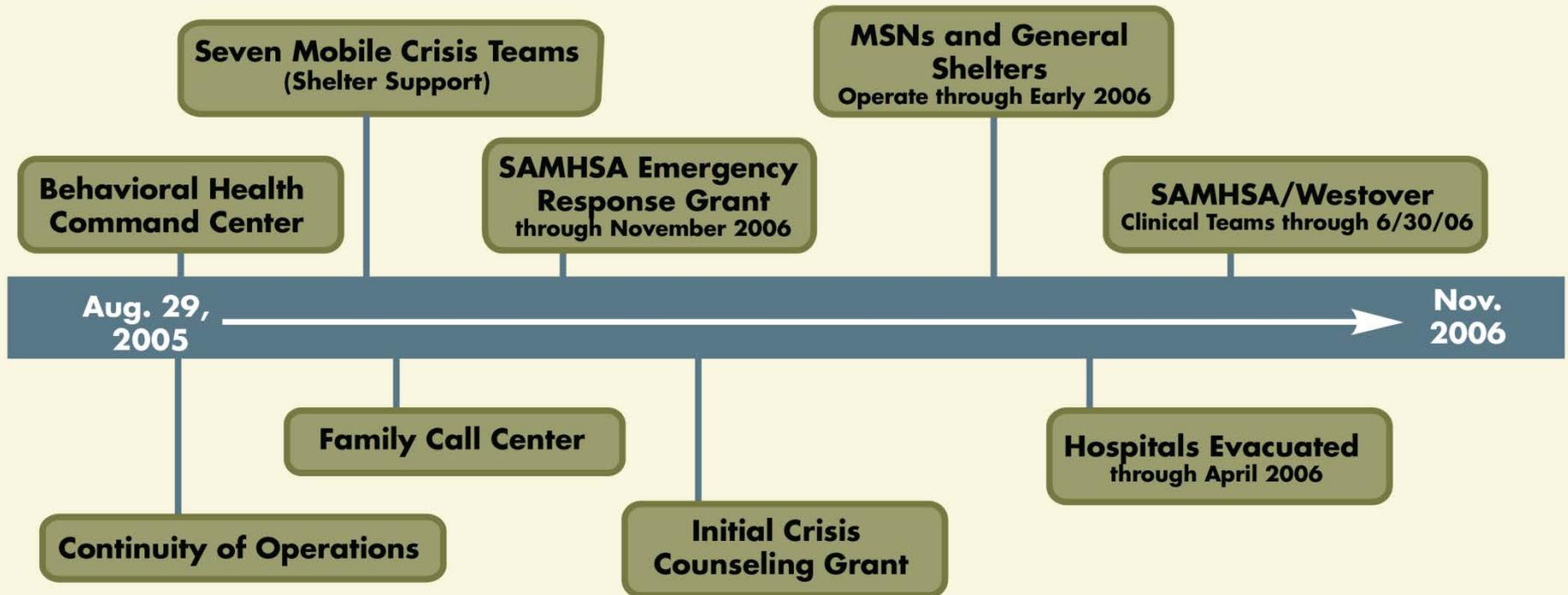
Evacuation of:

- Charity Hospital in New Orleans, Acute Unit

Evacuation to:

- Central Louisiana State Hospital

OMH Incident Response: August 29, 2005 to November 2006





Post-Katrina/-Rita Realities 2006

Speier, A. (2006) Louisiana Office of Mental Health

Evacuation Planning

- People will not plan their personal evacuation before the threat of a storm.
- Making a family/personal evacuation plan is not easily accomplished.
- People are worn out.
- People need structure and leadership.
- People need information provided to them in an effective way.

Sheltering Staff

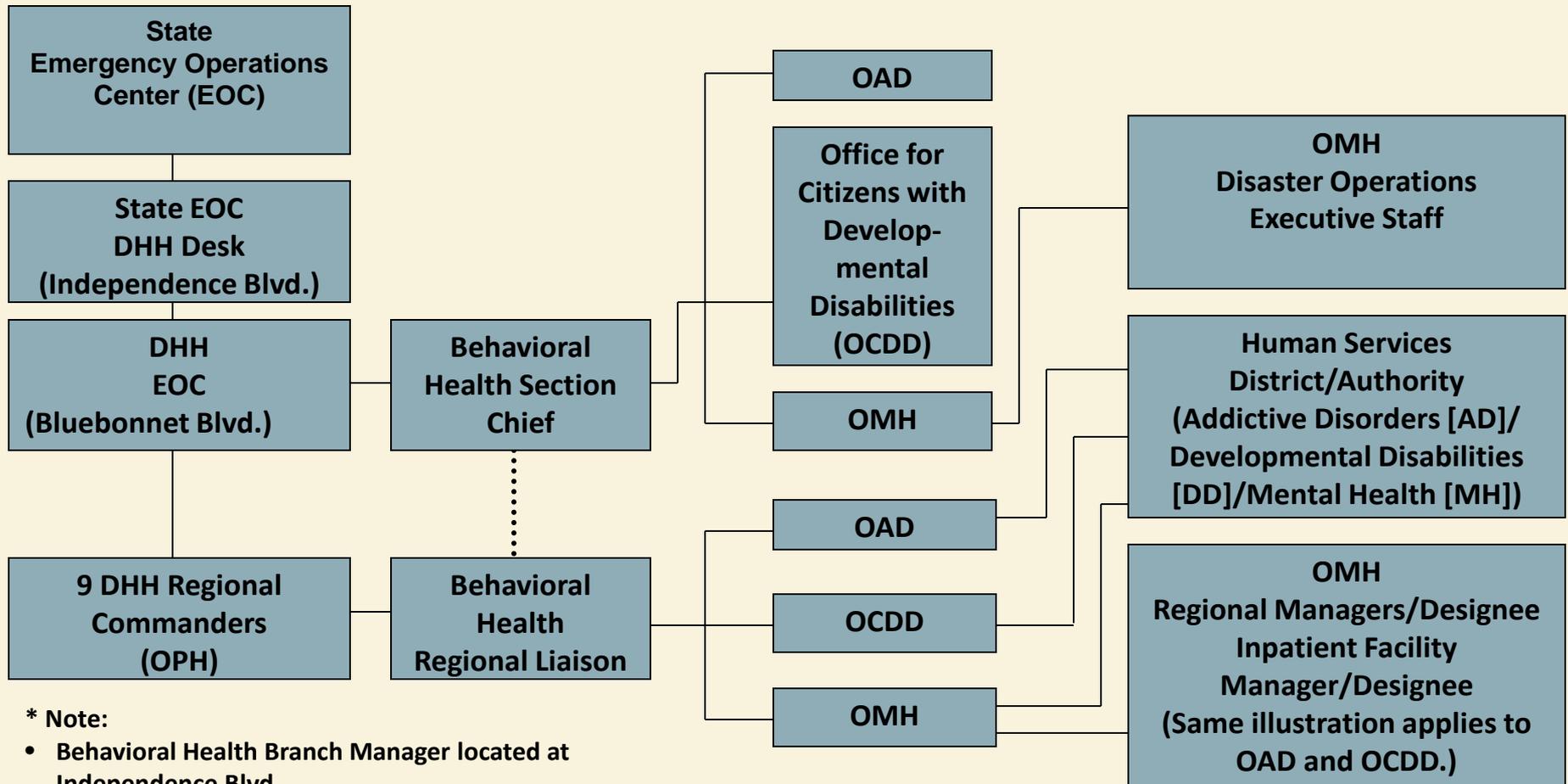
(As Per DBH Plan Protocols)

- Staff need reassurance and relief while on the deployment.
- Job structure is important.
- Staff should maintain a buddy system.
- Value and respect for each other is essential.
- Staff need to be recognized for their efforts.
- Shift change debriefings and on-site stress managers are crucial.
- Staff need to know who is in charge.

Sheltering Evacuees

- Psychological First Aid is needed by everyone.
- Basic needs must be assessed and met.
- Sufficient staffing is needed to recognize behavioral problems before they become overwhelming.
- Pre-planned protocols for managing behavioral issues also are needed.

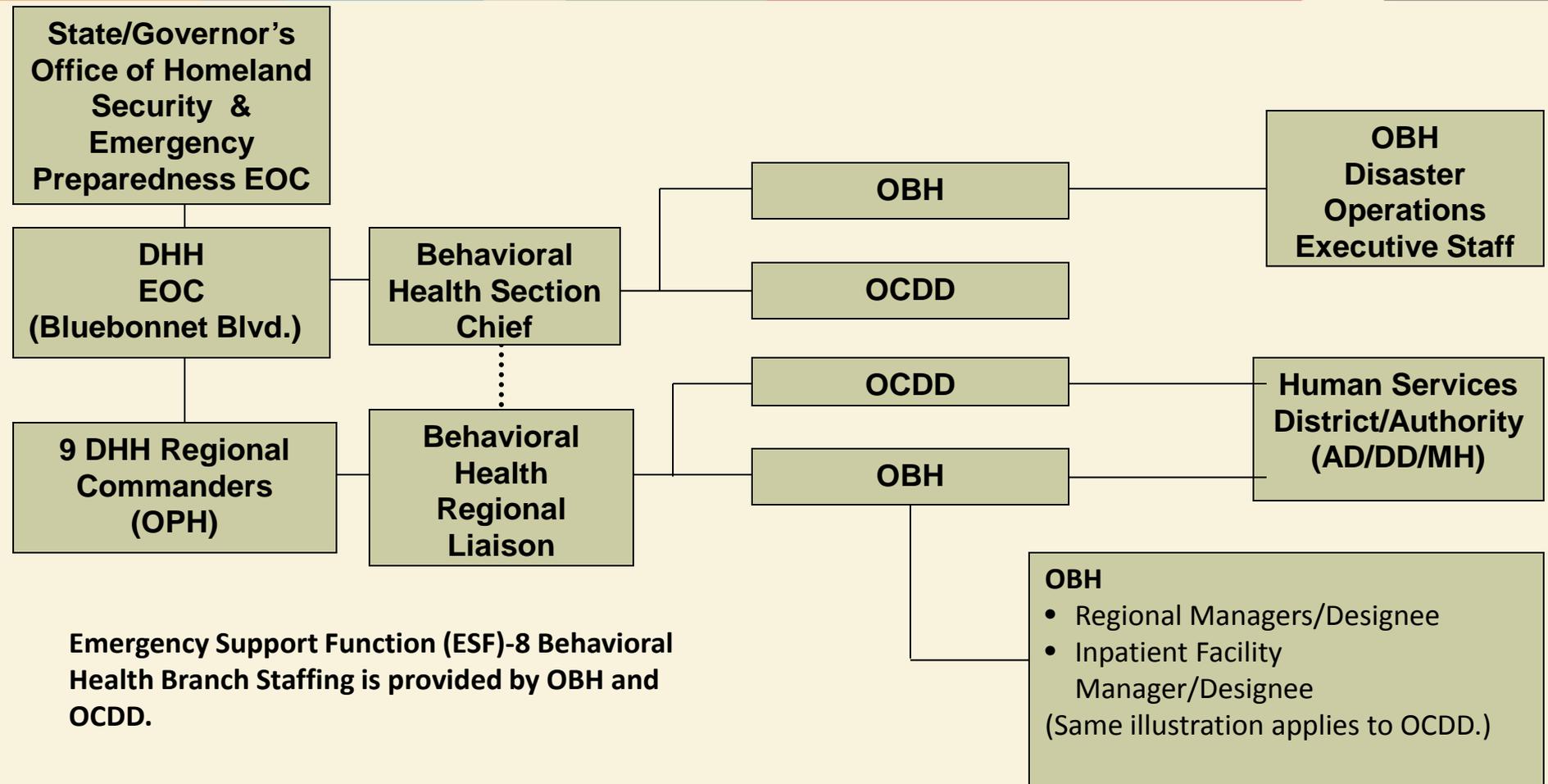
Behavioral Health Incident Management: Communication Pathway—2006 Hurricane Season



*** Note:**

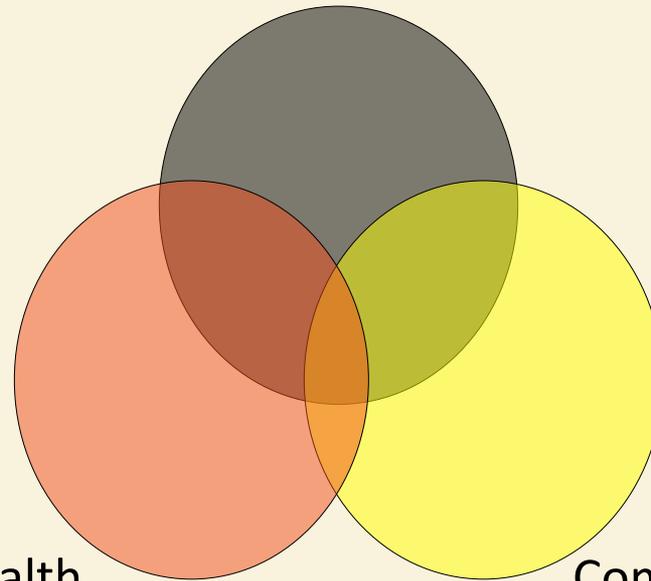
- Behavioral Health Branch Manager located at Independence Blvd.
- Staffing is provided by OAD/OCDD/OMH.

Behavioral Health Incident Management: Communication Pathway 2011



Facilitating Integration of Collaborative Partnerships

School Districts



Behavioral Health
Service Providers

Community Service
Providers

DBH facilitates collaboration and coordination of services so that more needs are met effectively and efficiently.

Speier, A. (2006) Louisiana Office of Mental Health

Statewide Services Highlights: Collaborative Partnerships

- Collaborative partners and services
 - Louisiana Family Recovery Corps
 - Schools, public and private
 - State agencies, region and district providers, Department of Children and Family Services, OPH, OBH
 - Methadone providers
 - Faith-based organizations
 - Crisis hotline through SAMHSA Lifeline, 1-800-273-TALK
 - Stress Management Cadre
 - First responder agencies
 - Special population groups

Practice and Policy Considerations

DBH Planning is an ongoing process...

Pre-Incident Readiness

- Elevation of all hazards behavioral health emergency preparedness to a core function of local and State agencies
- Behavioral health mitigation funds
- Preparation of Action Request Forms, or ARFs, for obvious resource needs (such as additional staff, medical supplies/equipment, and locations for psychiatric inpatient surge)
- National Incident Management System training and exercises

Pre-Incident Readiness (continued)

- Local, regional, and State all-hazard behavioral health preparedness plans
- Employee call trees and work assignments
- Pre-specification of job functions and initial assignment protocols
- Establishment and maintenance of DBH volunteer cadre
- Practice drills (evacuations, sheltering, etc.)
- Media shelf kits (public service announcements)

Identify Disaster Incident Thresholds

- Intensity of the incident
- Duration
- Displacement
- Resource loss—infrastructure damage
- Loss of human capital

Basic Services for Individuals and Communities

- Crisis response
- Stress management
- Outreach
- Accessibility
- Treatment interventions consistent with trauma exposure and phase of response/recovery

Basic Disaster Mental Health Program Design

Components Summary

- Community education, training, and outreach
- Individual crisis support (including Psychological First Aid)
- Just-in-time training
- Individual outreach—canvassing impacted area
- Treatment of trauma exposure
- Crisis response for psychiatric emergencies
- Media plan
- Evaluation plan
- Quality assurance plan
- Business plan—fiscal management

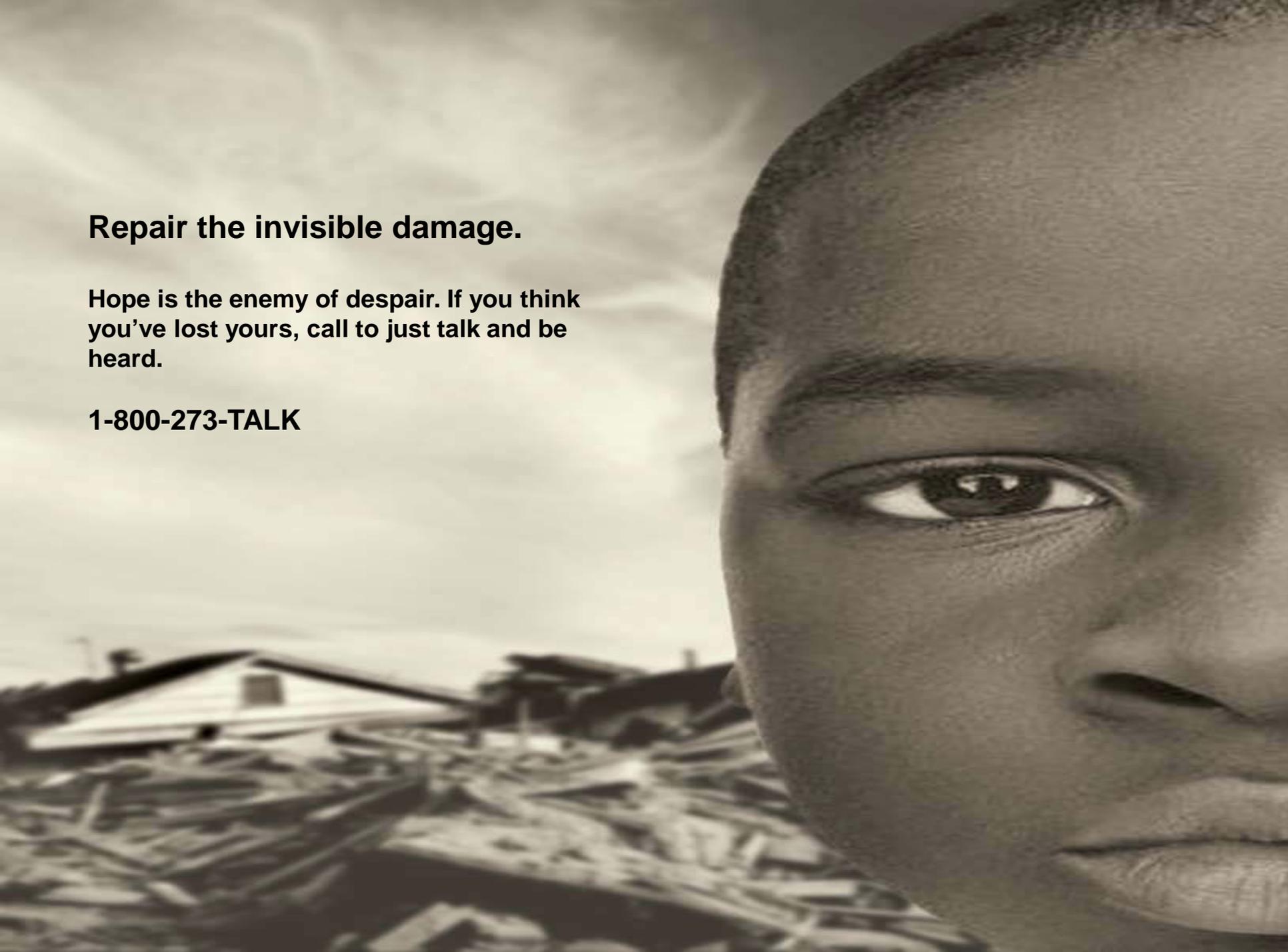
Response and Recovery DBH Goals: Keep It Simple and Mission Focused

- What is the disaster-related issue/challenge that is consuming you?
- What can you do about it?
- What assistance is needed to resolve it?
- How do you know when the issue/challenge is resolved?

Response and Recovery DBH Goals:

Keep It Simple and Mission Focused (continued)

- CCP is a supplemental program, not a new mental health system.
- Fit CCP into existing business model of State and provider agencies.
- More flexibility in administration at the local and State level...administrative costs.



Repair the invisible damage.

Hope is the enemy of despair. If you think you've lost yours, call to just talk and be heard.

1-800-273-TALK

LOUISIANA
Spirit
HURRICANE RECOVERY

References

- Norris, F.H., Friedman, M.J., Watson, P.J., Byrne, C. M., Diaz, E., & Kaniasty, K. Z. (2002). 60,000 disaster victims speak, Part I. an empirical review of the empirical literature: 1981-2001. *Psychiatry*, 65, 207-239.
- Speier, A. H. (2006). Immediate needs assessment. In E. Riche, J. Watson, & M. Friedman (Eds.), *Interventions following mass violence and disasters* (pp. 80–99). New York, NY: Guilford Press.
- Speier, A. H. (2006). Overview of Louisiana’s disaster mental health preparedness and response to hurricane Katrina. Powerpoint Presentation: Report from The 22nd Annual Rosalynn Carter Symposium on Mental Health Policy (66-68). Atlanta, GA: The Carter Center.

Questions for Dr. Speier?

Conclusion

- This concludes the Assessing Services and Information webinar, a part of the Promising Practices in DBH Planning series.
- Subsequent sessions will explore each of the standards in greater depth, providing examples, lessons learned, and good stories about how to enhance your DBH plan.

Next Steps

- The next webinar addressing **logistical support** will be held on **August 10, 2011** at **2 p.m. eastern time (ET)/ 1 p.m. central time (CT)/ 12 p.m. mountain time (MT)/ 11 a.m. Pacific time (PT)** featuring **Mr. Steve Crimando** as the speaker.

Other Upcoming Webinars

Legal and Regulatory Authority	Integrating Your DBH Plan	Plan Scalability
August 18 2 p.m. ET 1 p.m. CT 12 p.m. MT 11 a.m. PT	August 25 2 p.m. ET 1 p.m. CT 12 p.m. MT 11 a.m. PT	August 30 2 p.m. ET 1 p.m. CT 12 p.m. MT 11 a.m. PT
Mr. Andrew Klatte	Mr. Steven Moskowitz	Dr. Anthony Speier

Thank You